

CRITERIA FOR PRIOR AUTHORIZATION

Soliris® (eculizumab)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Eculizumab (Soliris)

CRITERIA FOR PAROXYSMAL NOCTURNAL HEMOGLOBINURIA Must meet all of the following:

- Patient must have a diagnosis of paroxysmal nocturnal hemoglobinuria
- Patient must be 18 years of age or older
- Patient must not have an unresolved serious *Neisseria meningitidis* infection
- Patient must be vaccinated against *Neisseria meningitidis* at least 2 weeks prior to initiation of therapy with Soliris unless the risks of delaying Soliris treatment outweigh the risks of developing a meningococcal infection

CRITERIA FOR ATYPICAL HEMOLYTIC UREMIC SYNDROME Must meet all of the following:

- Patient must have a diagnosis of atypical hemolytic uremic syndrome (aHUS)
- The diagnosis of aHUS is supported by the absence of Shiga toxin-producing *E. coli* infection
- Patient must be 2 months of age or older
- Patient must not have an unresolved serious *Neisseria meningitidis* infection
- Patient must be vaccinated against *Neisseria meningitidis* at least 2 weeks prior to initiation of therapy with Soliris unless the risks of delaying Soliris treatment outweigh the risks of developing a meningococcal infection

LENGTH OF APPROVAL 3 months